



State of New Jersey

New Jersey High School Consumer Bowl Team Member Form Return the form by February 5th

Please **type** or **clearly print** the names of your team members for the 2003 New Jersey High School Consumer Bowl competition. **Please make sure all names are correctly spelled and are readable.**

The names you list will be printed on the "Certificates of Participation" which will be presented to each student. Each team consists of five (5) students - four (4) team members plus an alternate. Alternate team members may be substituted for team members at the beginning of each round.

School name _____
List the name of the school as you want it printed on all materials.

Teacher/Advisor name _____
School Telephone Number of Teacher/Advisor _____
Home Telephone Number of Teacher/Advisor _____
(To be used in case of cancellation because of weather conditions.)
School Principal _____

Team Members:

Captain _____

Member _____

Member _____

Member _____

Alternate _____

Return to Pamela S. McClure, Outreach Coordinator, NJ Division of Consumer Affairs, 124 Halsey Street,
P.O. Box 45027, Newark, NJ 07101 973-504-6315 (phone) 973-648-3306 (fax)